

**SMALL EMPLOYER INSURER  
ACTUARIAL CERTIFICATION**

Ref: Section 635.13, Wis. Stat. and  
Section Ins 8.56 (1), Wis. Adm. Code



State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873  
(608) 266-3585

Name of Company			
Street Address or P.O. Box	City	State	Zip Code
Name of Actuary		Title	
Name of Consulting Actuarial Firm (If applicable)			

I hereby certify that:

- I am a member of the American Academy of Actuaries.
- I am familiar with the applicable statutory provisions of subch. I of ch. 635, Wis. Stat., and subch. III of ch. Ins 8, Wis. Adm. Code.
- I have examined the assumptions and methods used by the above-named insurer in setting small employer health insurance premium rates and the procedures used in implementing these methods for the calendar year \_\_\_\_\_.
- I have tested a sufficient number of cases to satisfy myself that the actual rating practices follow the established procedures.
- To the best of my information, knowledge, and belief, the method and procedures used to develop and apply premium rates to all small employers during the above-named calendar year are in accordance with the applicable statutory provisions of subch. I of ch. 635, Wis. Stat., and subch. III of ch. Ins 8, Wis. Adm. Code.
- Earned premium for small employer health business for January 1 through December 31 of the above-named calendar year:  
\$ \_\_\_\_\_

Signature of Actuary	Date
Name of Contact Person	Phone Number of Contact Person